

Tuition Waiver/Tuition Exchange Program

Employee's Name:						
Employee's Address:						
Employee's e-mail:						
Social Security #:		··· <u>·</u>				
Length of Full-Time En	nployment:	<u></u>				
Program:	Faculty/Sta	aculty/Staff Tuition Waiver				
	Faculty/Sta	aculty/Staff Dependent Tuition Waiver				
Tuition Exchange Program						
	ACS Tuition Exchange Program					
Student's Name:						
Student's Permanent A	ddress:					
Student's Phone Numb	er:					
Student's Social Security #:		E-mail:				
List schools if applying	for either tui	tion exchange	program:			
1)						
2)						
3)						
Fall Semest						
	•	year	/	# of anticipated courses		
Spring Semester:		year		# of anticipated courses		
		yeai	,	# or armorpated courses		
Employee Signature		Date				
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Juman Resources Sign	aturo		ŕ	ato		